



Directorate General of Nursing & Midwifery Data Collection Tool

Photo

Place of posting: _____ District: _____

General Information

BNMC Midwifery Registration No.:

National ID No.:

Personal Information

Full Name (English) _____
(Capital Letter)

Name (Bangla) _____

Sex (Tick) Male Female

Passport Number

Father's Name _____

Mother's Name _____

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Day)	(Month)	(Year)			

Birth Place (District)

Religion (Tick)

<input type="checkbox"/> I	<input type="checkbox"/> Hi	<input type="checkbox"/> Bu	<input type="checkbox"/> Ch	<input type="checkbox"/> O
----------------------------	-----------------------------	-----------------------------	-----------------------------	----------------------------

Marital Status (Tick)

<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> W	<input type="checkbox"/> D	<input type="checkbox"/> Se
----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

I=Islam, Hi=Hindu, Bu=Buddhist, Ch=Christian, O=Others

S=Single, M=Married, W=Widow, D=Divorced, Se=Separated

Mobile Number

E-mail Address

Official Information

BPSC Merit No./SI No

BPSC registration No:

Spouse Name:

Spouse Occupation:

Mailing Addresses

	Present	Permanent
Village/House/Road	_____	_____
Division	_____	_____
District	_____	_____
Thana/Upazilla	_____	_____
Post Office	_____	_____
Postal Code	_____	_____

General Educational Qualification

Level of Education (Please tick your desired option)	Board	Division/CGPA	Year	Country
1	2	3	4	5
SSC/ O Level/ Dakhil/ Equivalent				
HSC/ A Level/ Alim/ Equivalent				

Professional Educational Qualification

Level of Education	Institute/College/University	Division/Class/CGPA	Year	Country
Diplomain in Midwifery				

BNMC Registration Information

Type of Registration (Please tick your desired option)	Reg. Number	First Issue Date dd/mm/yyyy	Last Renewal Date dd/mm/yyyy
Diplomain in Midwifery		/ /	/ /

Service Particulars

Date of Appointment

2	7	0	5	2	0	2	1
(Day)		(Month)		(Year)			

G.O. No. of Appointment 45.00.0000.172.11.031.21-171

Date of Joining

0	1	0	6	2	0	2	1
(Day)		(Month)		(Year)			

G.O. No. of Joining _____

Designation	Workplace Category**	Name of workplace & District Name	Pay Scale	Basic Pay
1	2	3	4	5
Midwife				

Signature of Employee